

Bureau of Elder and Adult Services

Department of Health and Human Services

State of Maine



DRAFT

State Plan on Aging

October 1, 2004 – September 30, 2008

John Elias Baldacci
Governor

John R. Nicholas
Commissioner
Department of Health and Human Services

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The Bureau of Elder and Adult Services
State Plan is available on the Internet

Point to:

[Http://www.maine.gov/dhs/beas/](http://www.maine.gov/dhs/beas/)

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Verification of Intent

The State Plan on Aging is hereby submitted for the State of Maine for the period October 1, 2004 through September 30, 2008. It includes the goals and initiatives to be conducted by the Bureau of Elder and Adult Services, Maine's State Unit on Aging, during this period. The Bureau of Elder and Adult Services has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act. The Bureau of Elder and Adult Services is primarily responsible for the coordination of all state activities related to purposes of the Act, such as the development of comprehensive and coordinated systems for the delivery of supportive services, including health, housing, social and nutrition services; and to serve as the advocate for elderly persons in the state.

The Plan is hereby approved by the Governor and constitutes authorization to proceed with the activities under the Plan upon approval by the Assistant Secretary for Aging.

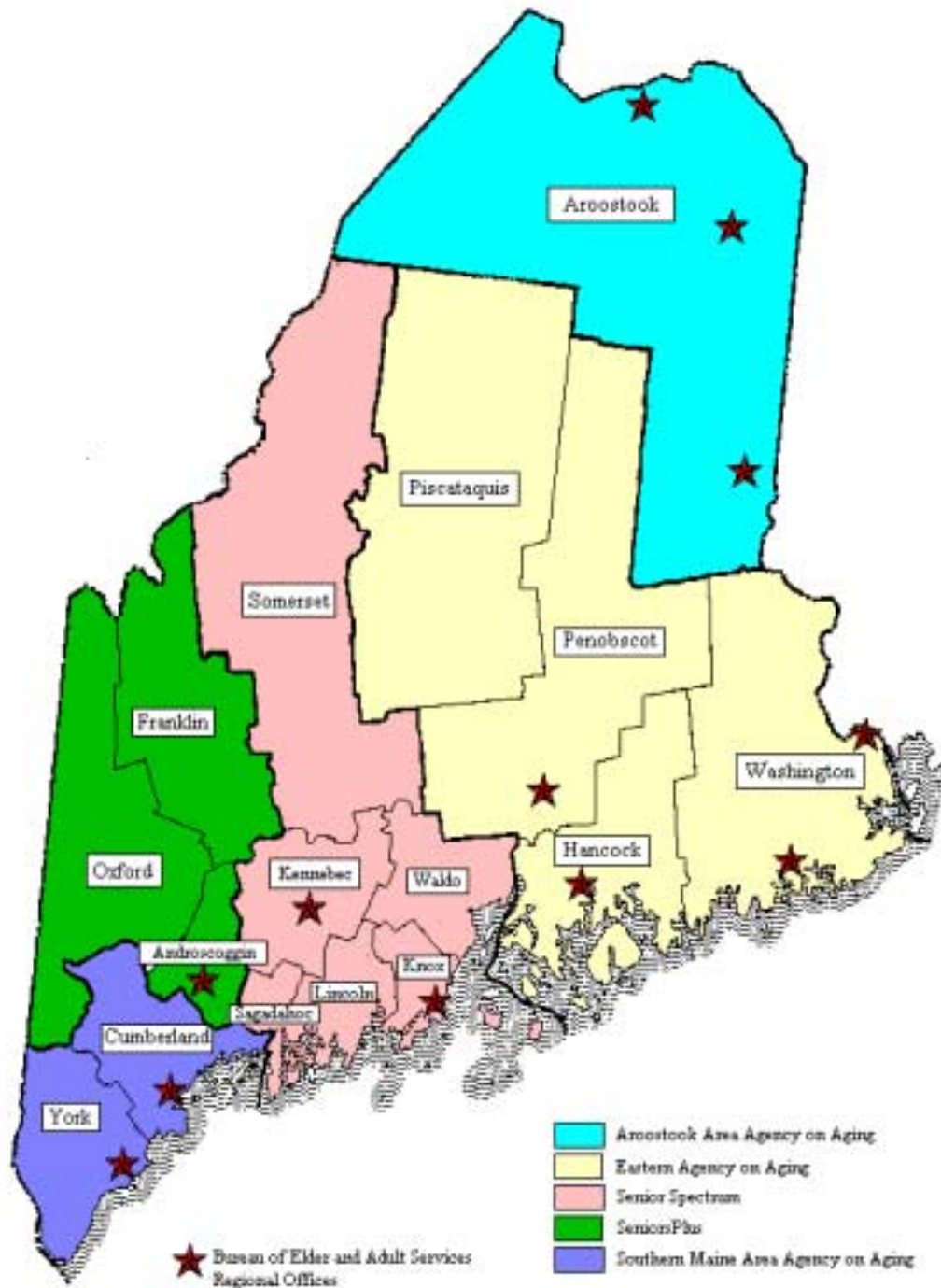
The State Plan hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements. The State Agency assures that it will comply with the specific program and administrative provisions of the Older Americans Act.

_____	(Signed)_____
(Date)	Christine Gianopoulos, Director Bureau of Elder and Adult Services

_____	(Signed)_____
(Date)	John R. Nicholas, Commissioner Department of Health and Human Services

_____	(Signed)_____
(Date)	John Elias Baldacci Governor

Map Showing Area Agency on Aging Planning and Service Areas



Introduction

The federal Older Americans Act requires all states to prepare a “State Plan on Aging” as a condition of receiving federal funds from the Act. The Bureau of Elder and Adult Services (BEAS) is pleased to present for public review our plan for the next four years.

The Bureau’s goal is to assist elders and adults with disabilities to maintain their independence and to participate in the life of the community. Twenty years ago that goal meant advocating for an end to the mandatory retirement age, the establishment of home care as an alternative to nursing homes and legislation to allow living wills. These all are benefits we take for granted today as part of Maine’s social policy. In the year 2004, the broad themes remain the same: health care, housing, and income security. As the proportion of Maine’s population over the age of 60 continues to grow, those issues will affect every aspect of life in Maine.

At a time when events are moving at an ever more rapid pace, any plan will be subject to change. The longer the planning time frame, the more likely that unanticipated issues will enter the picture. This plan is intended to offer a broad outline of the Bureau’s areas of focus for the next four years. Our challenge is to capture not just the issues of today, but also the longer-term opportunities.

Recognizing that the challenges of tomorrow require different responses, Governor Baldacci proposed merging the Department of Human Services and Department of Behavioral and Developmental Services to create a new Department of Health and Human Services. The Legislature directed the Commissioner of the new department to report back in January 2005 with a proposed organizational structure. The new department is an opportunity for improving services to older persons and adults with disabilities. Representatives of the Bureau and Area Agencies on Aging are participating in the work groups planning for the new department. The aging network and other advocates will play a critical role in assuring that the needs of elders are recognized in the new department.

Reducing the impact of disease and disability among Maine’s seniors, improved mental health services, and promoting public policies that meet the needs of a diverse and growing population of elders will be our highest priorities. We look

forward to continuing a partnership with others in Maine's network of aging services programs to accomplish these goals.

Maine is fortunate to have a well-developed statewide system for planning and providing needed services. Listed below are the major accomplishments for the most recent state plan. These accomplishments would not have been possible without the dedicated staff and strong support from advocacy groups, the Governor and the Legislature:

- Implemented the federally funded Aging and Adults with Disabilities Resource Center project in Bangor, Bath-Brunswick and Farmington
- Developed a centralized intake system for Adult Protective Services
- Implemented the Family Caregiver Program of Maine, with a family caregiver coordinator at each of the five area agencies on aging, along with other support staff. The Family Caregiver Program of Maine coordinates activities with the state-funded Alzheimer's respite program.
- Through collaboration between BEAS, the Bureau of Health and Partnership for Healthy Aging, two Health and Aging mini-grants were received from CDC/AoA. The grants allowed the BEAS to develop A Matter of Health – an individualized walking program for older persons – as a follow-up to A Matter of Balance – a program to teach older persons to reduce fall risks and control the fear of falling. The BEAS also established six Lifetime Fitness sites around the State. This is an evidence-based exercise program that focuses on a variety of important skills – endurance, strength, balance, posture and flexibility training.
- For a fourth year, the BEAS collaborated with the Department of Agriculture on the Senior FarmShare program, which brings fresh fruits, vegetables and herbs to low-income older persons. This year about 7,500 persons received shares worth \$100 and thousands more participated through meal sites and food banks.
- The Maine State Health Insurance Assistance Program (SHIP) and the Maine Medicare Education Partnership (MMEP) have worked together to train counseling staff and volunteers about the Medicare Approved Discount Drug Card, one of the provisions of the Medicare Prescription Drug, Improvement and Modernization Act of 2003.
- Advocated to strengthen the criminal statute for endangering the welfare of a dependent person to facilitate prosecution for this offense.
- The BEAS supported efforts to bring the “Best Friends™” Approach to Alzheimer's Care training to over 90 facilities and community-based

organizations throughout the state. One new initiative, funded through a federal grant enables Elder Independence of Maine to provide three Alzheimer's Specialist positions to work directly with caregivers of persons with dementia receiving long-term care services in six demonstration counties.

- BEAS and the University of Southern Maine were awarded a grant from the Bingham Fund to collect data and design intervention to address the incidence of inappropriate prescribing of psychotropic drugs to elderly MaineCare consumers. Work is underway to determine whether or not intervention by a pharmacist, with the physicians of consumers identified, may reduce the use of psychotropic drugs.
- In collaboration with the Board of Nursing and the Department of Education, a Personal Service Specialist curriculum has been adopted. This is a combined curriculum that will certify individuals to work as personal care assistants and residential care specialists. The curriculum is now required for any new direct care worker seeking employment in BEAS sponsored programs or residential care facilities.
- New training requirements have been implemented for unlicensed workers in residential and home care settings as well as individuals administering medications in residential settings.
- Expanded mandatory reporting requirements of the Adult Protective Services Act.
- BEAS collaborated with the Office of the Attorney General and the Maine Death Analysis Team to examine deaths and serious injuries associated with suspected abuse or neglect of vulnerable adults.
- Partnered with law enforcement and older adults through Triads.
- Implemented competency based training for Adult Protective caseworkers
- Development of adult family care homes and assisted living as components of a comprehensive long-term care system
- Advocated for legislation to bar persons with felony convictions from working as Certified Nursing Assistants or Personal Care Attendants.
- Created new systems for monitoring quality of home care services.
- Completed Maine's first statewide nursing home consumer satisfaction survey.

Snapshot of Services and Demographics

Program Report Comparison - FY 01 through FY 03

Long-term Care Services

FY 01 FY 02 FY 03

Long-Term Care Assessments	23,830	24,047	21,268
Home Based Care-Elders and Adults	3,863	3,873	2,359
Elderly HCBS (Medicaid waiver)	1,142	1,110	1,240
Physically Disabled HCBS (Medicaid waiver)	410	425	456
Private Duty Nursing/Personal Care Services	1,410	1,427	2,048
Assisted Housing Programs: Independent Housing Plus Services	260	234	319
Assisted Housing Programs	199	308	193
Adult Family Care Homes, MaineCare Consumers	93	105	128
Adult Day Services Programs	119	155	131
Homemaker Services	1,664	1,764	2,194
Alzheimer's Respite	430	472	1,169

Community Services

People served meals: community sites and home-delivered	13,565	13,626	13,876
Senior Community Service Employment Program participants	89	88	98
Volunteer service programs	3,409	4,032	3,024
Health Insurance Counseling; Outreach & I/A; MMEP	38,553	36,088	38,274
Family Caregiver	NA	9,883	6,261
Transportation	2,260	3,022	2,387

Adult Protective Services

Active Guardianship and/or Conservatorship	756	776	765
APS Intake Unit total calls	10,782	12,909	14,189
Protective Referrals	2,893	2,999	2,848

Long Term Care Facilities

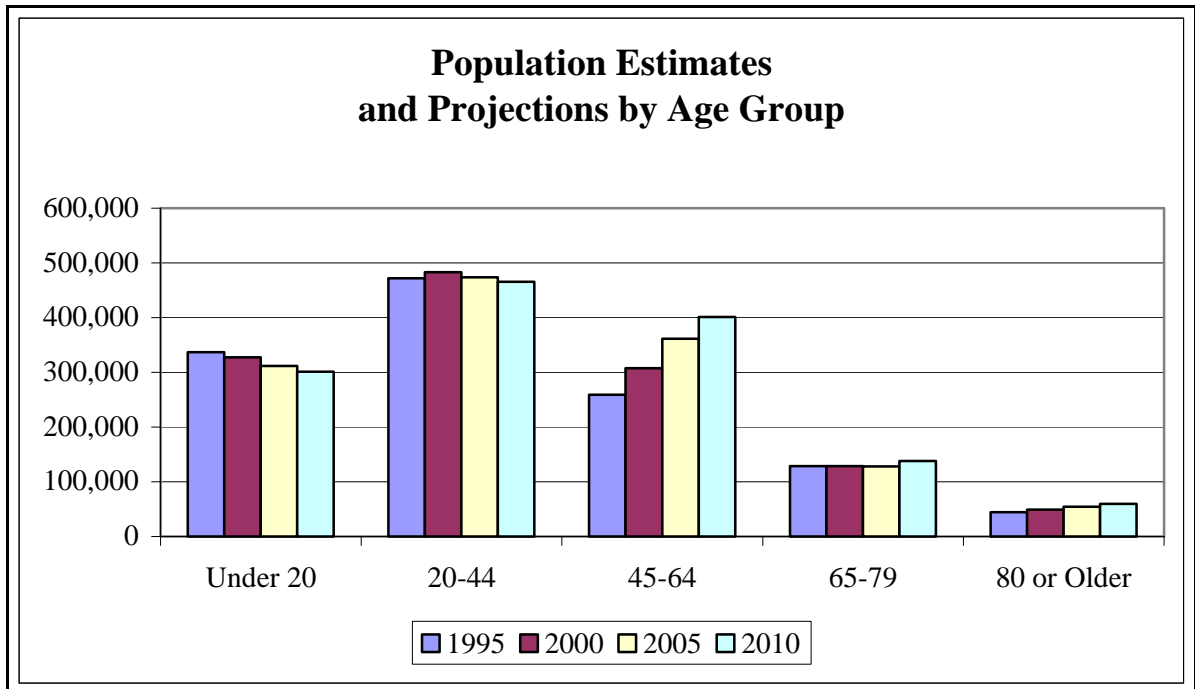
Nursing facility beds converted to residential care	102	44	24
Other residential care beds developed	7	8	11
Assisted Living Units developed, Type III and IV CHSP	59	31	0
Adult Family Care Home beds developed	36	18	24
Alzheimer's beds developed	0	0	0
Certificate of Need decisions on nursing facility projects	4	5	3

Long Term Care Ombudsman

Complaints investigated	1,649	1,633	1,664
Cases opened	787	1,178	836
Requests for information handled	1,017	1,160	1,299

Legal Services for the Elderly

Consumers served by LSE (includes HIC callers)	6,197	5,180	6,945
Consumers calling LSE for Health Insurance Counseling	2,734	2,515	3,996



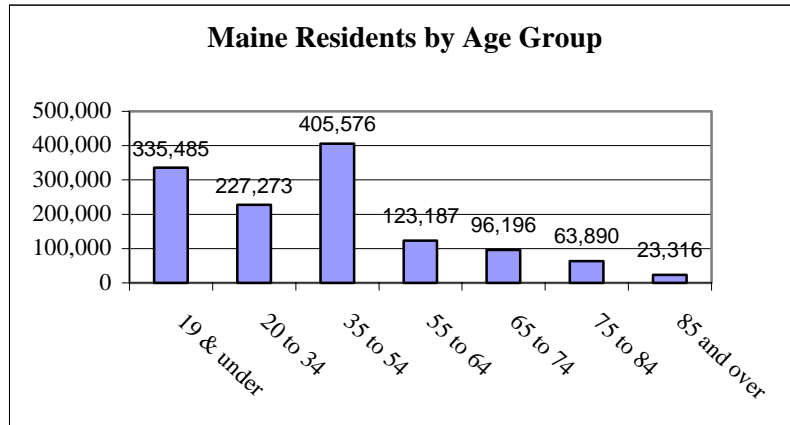
Data Source: Maine State Planning Office

Note: These populations have been adjusted to correct for the estimated undercount in the 1990 decennial census.

Population By County 2000 Census

County	Age 65+	65+ As % of Total Pop.
AND	14,962	14.4%
ARO	12,551	17.0%
CUM	35,324	13.3%
FRA	4,184	14.2%
HAN	8,285	16.0%
KEN	16,605	14.2%
KNO	6,832	17.2%
LIN	6,107	18.2%
OXF	8,793	16.1%
PEN	18,920	13.1%
PIS	2,995	17.4%
SAG	4,334	12.3%
SOM	7,278	14.3%
WAL	4,947	13.6%
WAS	5,856	17.3%
YOR	25,429	13.6%
ME TOTAL	183,402	14.4%

Data Source: U.S. Census Bureau, 2000 Census

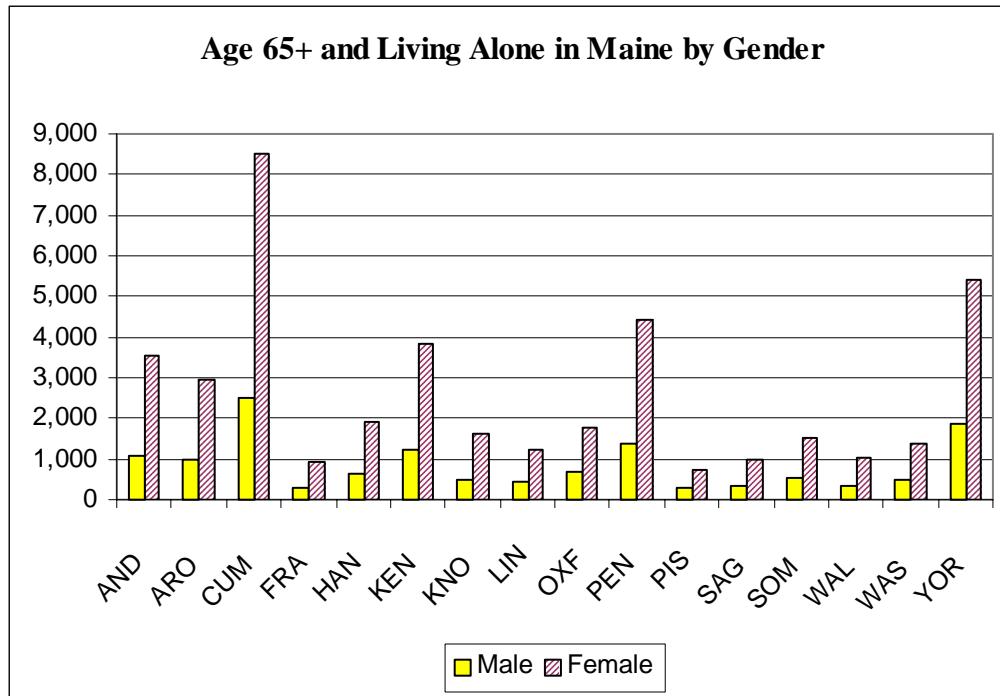


Age 65 and Older Below Poverty

County	Total 65+	Age 65+ Below Poverty	as % of total 65+
Androscoggin	14,962	1,532	10%
Aroostook	12,551	1,891	15%
Cumberland	35,324	2,499	7%
Franklin	4,184	382	9%
Hancock	8,285	755	9%
Kennebec	16,605	1,624	10%
Knox	6,832	525	8%
Lincoln	6,107	564	9%
Oxford	8,793	831	9%
Penobscot	18,920	1,996	11%
Piscataquis	2,995	397	13%
Sagadahoc	4,334	268	6%
Somerset	7,278	879	12%
Waldo	4,947	583	12%
Washington	5,856	1,076	18%
York	25,429	2,077	8%
Total	183,402	17,879	10%

Data Source: U.S. Census, 2000.

- 10% of persons age 65 and older in Maine had incomes below the Federal Poverty Level (U.S. Census 2000)
- 11% of persons age 75 and older in Maine had incomes below the Federal Poverty Level (U.S. Census 2000)
- Maine has a higher percentage of elderly “near poor.” Maine ranks 4th nationwide for percentage of residents age 65+ between 101-200% of the Federal Poverty Level. (AARP Across the State: Profiles of Long-term Care 2002)



Data Source: U.S. Census, 2000.

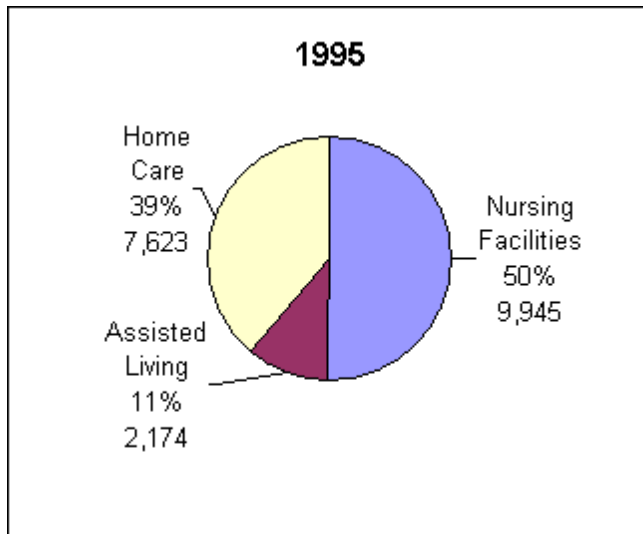
Race

Of the 238,099 persons 60 and older in Maine, over 99% are white.

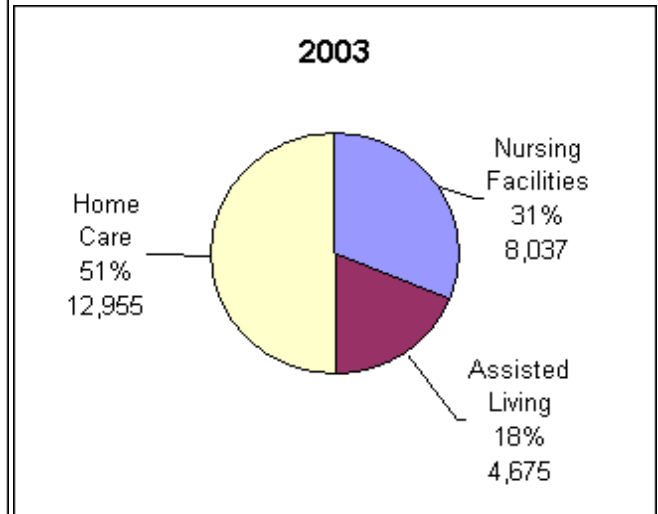
RACE	Age 60 and Over	
	Male	Female
Persons reporting one race only:		
White	102,255	134,260
Black or African American	156	179
American Indian or Alaska Native	263	349
Asian	197	455
Native Hawaiian and Other Pacific Islander	8	6
Some other race	32	43
Persons reporting two or more races		
	526	701
HISPANIC OR LATINO AND RACE		
Hispanic or Latino (of any race)	270	294
White, not Hispanic or Latino	102,043	134,023

Data Source: U.S. Census, 2000.

Long-term Care Where are People Receiving Services?

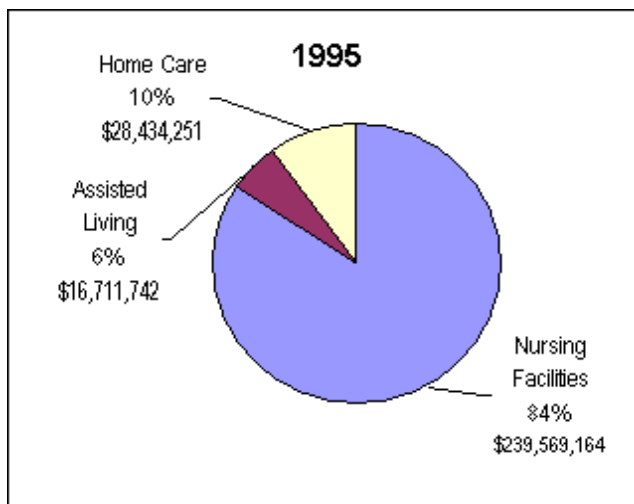


Total Persons Served: 19,742

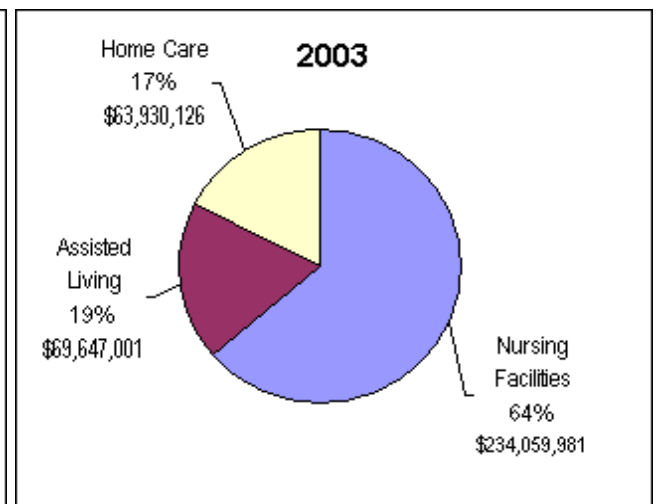


Total Persons Served: 25,667

Long-term Care State and MaineCare (Medicaid) Spending



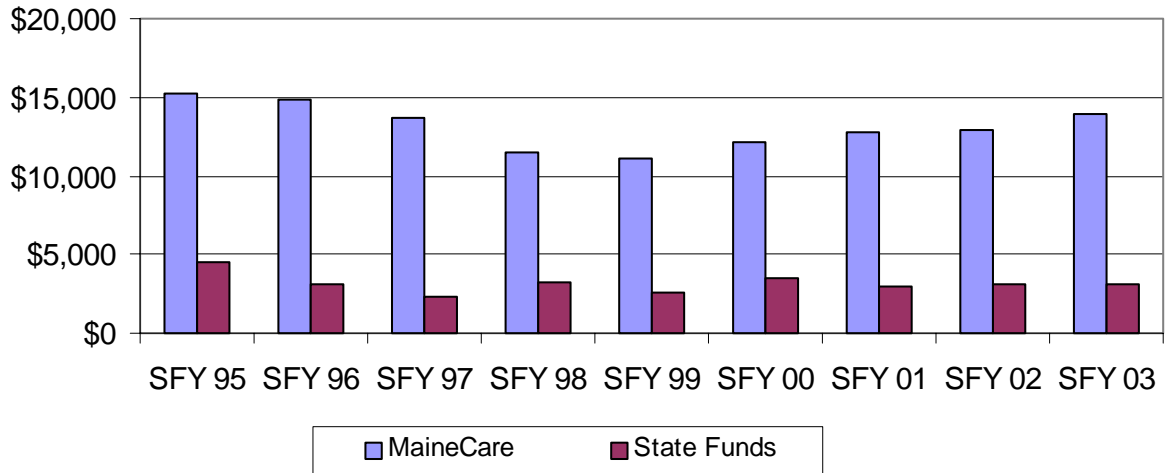
Total Expenditures: \$284,715,157



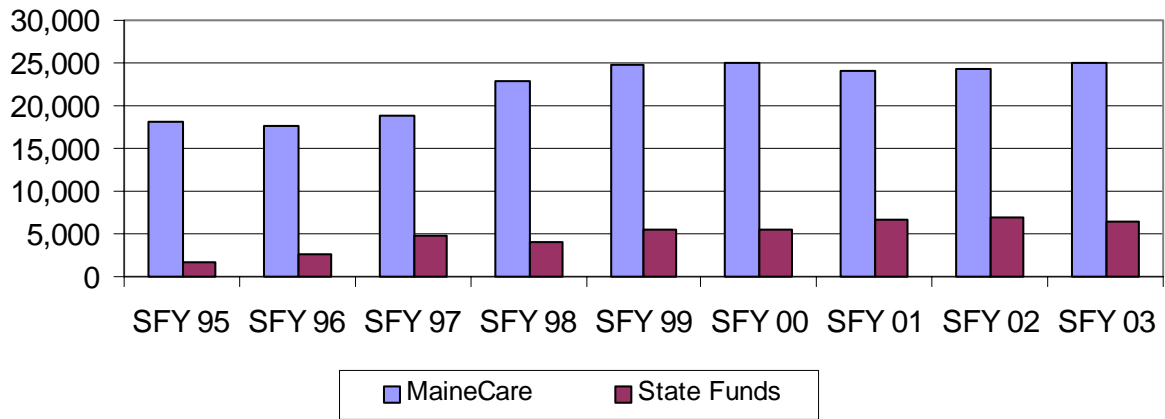
Total Expenditures: \$367,637,108

Data Source: Bureau of Elder and Adult Services, Bureau of Medical Services

Long-term Care Spending Per Recipient by Funding Source 1995 to 2003



Number of Consumers Receiving Long-term Care Services by Funding Source 1995 to 2003



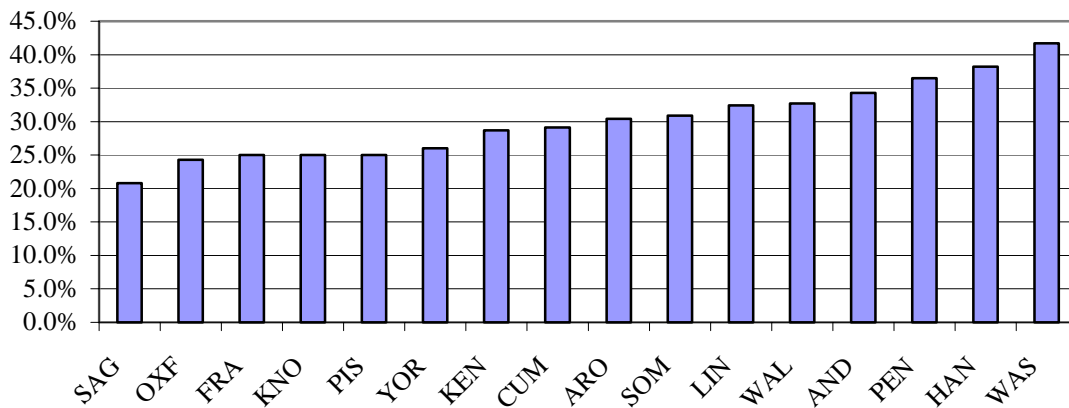
Top 10 Reported Health Conditions for Individuals Age 65 and Older

<i>Health Condition</i>	<i>Number of Individuals</i>	<i>Percentage of Individuals</i>
1 Hypertension	7,514	61.7%
2 Arthritis	5,950	48.8%
3 Any Dementia Diagnosis	5,155	42.3%
4 Depression	4,753	39.0%
5 Allergies	4,175	34.3%
6 Other Cardiovascular Disease	3,532	29.0%
7 Diabetes Mellitus	3,397	27.9%
8 Congestive Heart Failure	3,054	25.1%
9 Osteoporosis	3,046	25.0%
10 Cardiac Dysrhythmia	2,911	23.9%

Data Prepared by Muskie School

Source: MeCare Data State Fiscal Year 2003

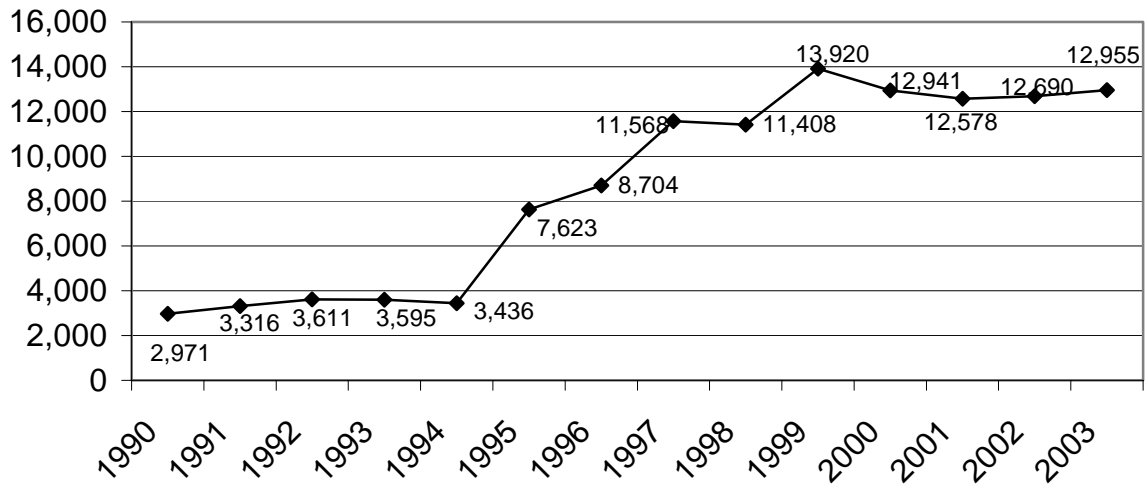
Percent of MaineCare home-care consumers age 60 and older with a prescription for one or more psychotropic medications who had a potentially inappropriate medication, calendar year 2000.



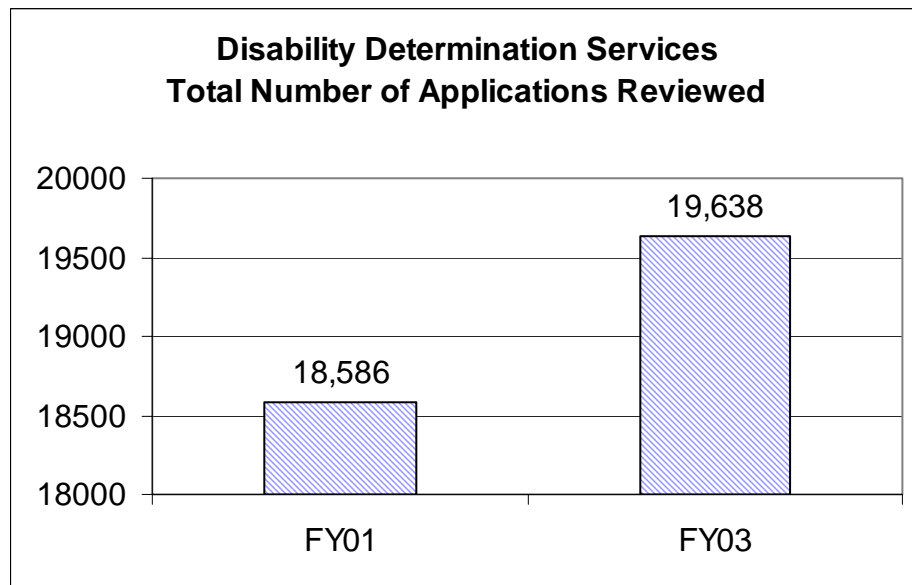
Source: Mental Health Funding Collaborative

While between 2.7% and 7.7% of community-dwelling elderly in the US take a psychotropic medication that is potentially inappropriate based on their age or health condition (Mort and Aparasu 2000; Zhan et al. 2001), the study found that among Medicaid home care consumers in Maine, 55% were taking psychotropic medications and 31% of those were identified as taking inappropriate psychotropic medications. The rate of depression among Medicaid home care consumers in Maine is also sobering, with 37% diagnosed with depression.

Home Care Clients Served 1990-2003

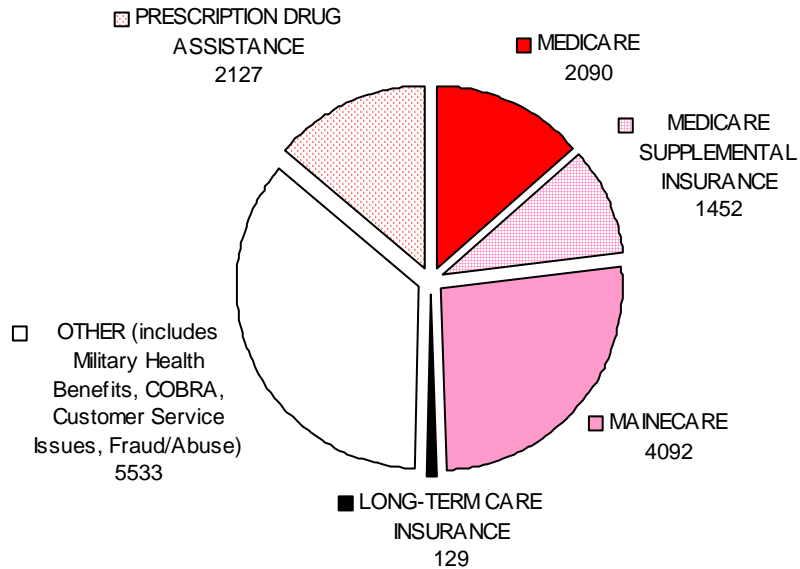


Disability Determination Services



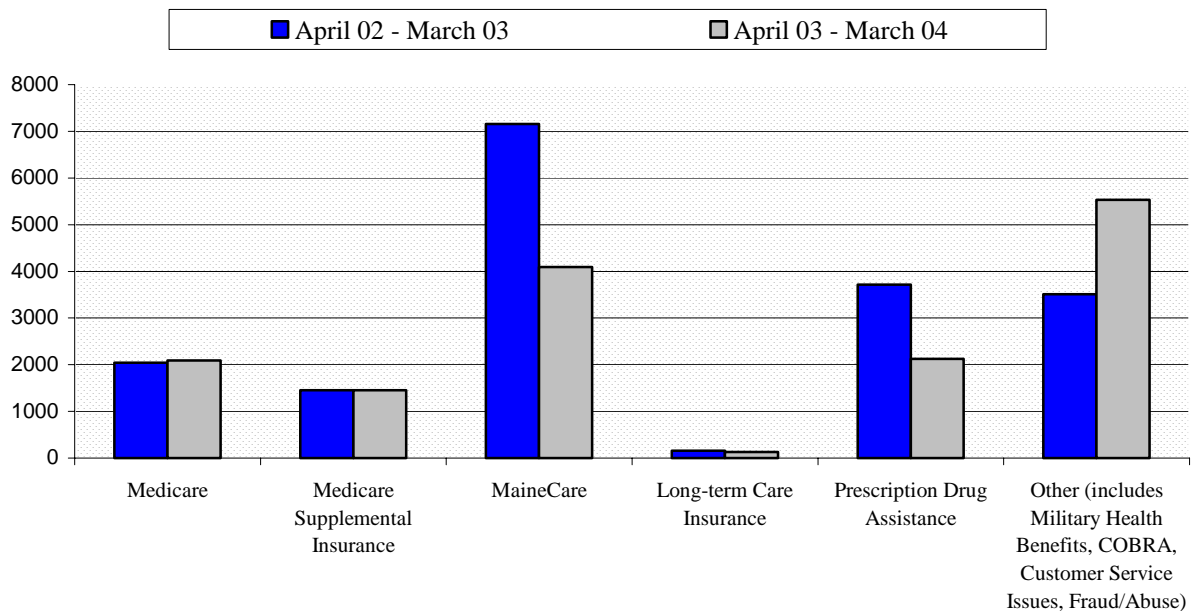
STATE HEALTH INSURANCE ASSISTANCE PROGRAM

Frequency of Topics Addressed - 12-month period ending 3/31/2004



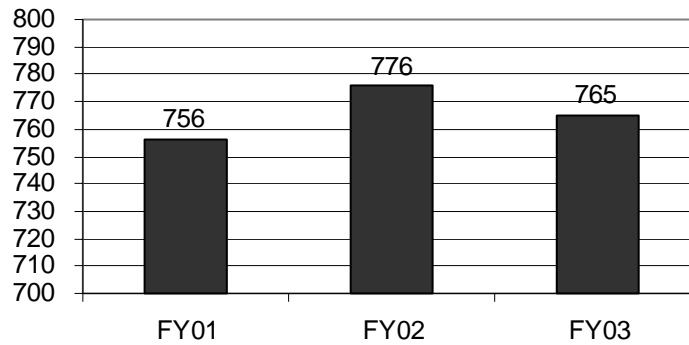
STATE HEALTH INSURANCE ASSISTANCE PROGRAM

Health Insurance Topics
Frequency of Topics Addressed

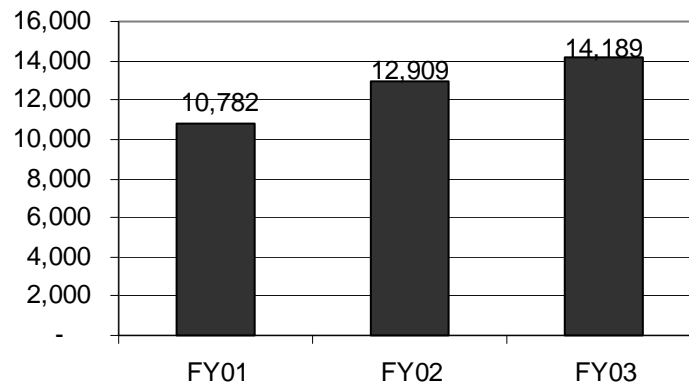


Adult Protective Services

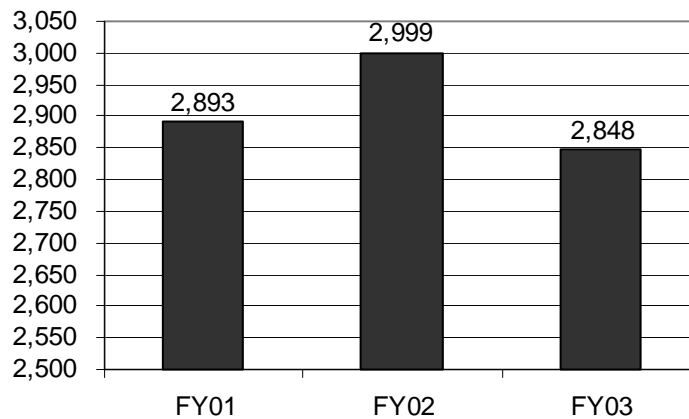
Number of Persons Under Public Guardianship and/or Conservatorship



Number of Calls to APS Intake*

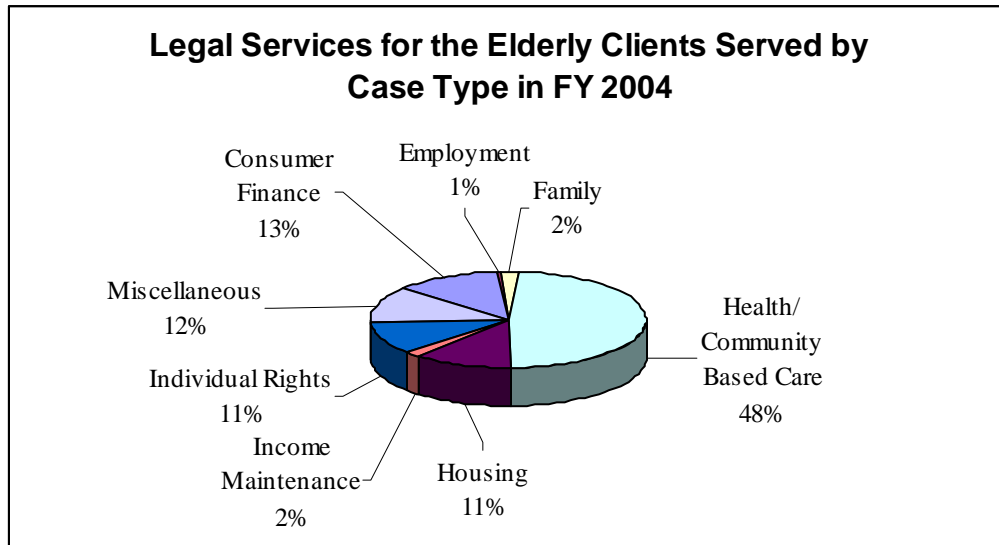


Number of Intake Calls Referred for Protective Services



Legal Services for the Elderly

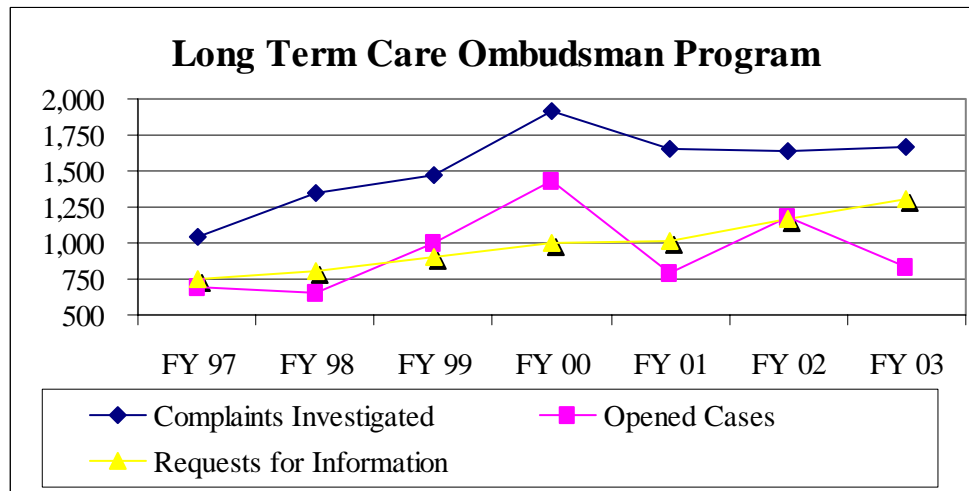
Between July 1, 2003, and June 30, 2004 (state fiscal year 2004), LSE served 5,377 consumers.



Data Source: Legal Services for the Elderly, Inc.

Long Term Care Ombudsman Program

Between July 1, 2002, and June 30, 2003 (state fiscal year 2003), LTCOP investigated complaints on behalf of 1,664 consumers and opened cases on 836 consumers.



Data Source: Long Term Care Ombudsman Program

Goals and Initiatives for 2004 – 2008

The Bureau's State Plan activities for the next four years are reflected in the following initiatives, based on the four program goals included in the Administration on Aging Strategic Action Plan.

This plan also builds on the area plans developed by Maine's five area agencies on aging, as stipulated in the Older Americans Act. While the area plans reflect primarily regional needs and this plan addresses mostly statewide issues, the following activities reflect areas of concern to both the area agencies and the Bureau of Elder and Adult Services:

- I. Older persons and disabled adults will have access to an integrated array of health, financial and social supports.**
 - A. Plan for the replacement of outdated residential and nursing care facilities with designs that offer more privacy for residents and that better accommodate persons with cognitive impairments.
 - B. Work with the Long-term Care Oversight Committee to identify opportunities to improve home and community based programs through more integration of primary care and long-term supports, as well as changes that afford consumers more choice and control of services.
 - C. Coordinate the initiatives of the Maine Aging and Disability Resource Center Project with other related efforts, such as the Maine Alzheimer's Project and initiatives regarding family caregivers, mental health, and brain injury. Also, identify possibilities for replicating and assuring the continuation of successful models resulting from the Aging and Disability Resource Center Project.
 - D. Increase training opportunities for AAA outreach staff to ensure that consumers receive accurate information about benefits and programs available to older persons in Maine, especially those who live in rural areas or have economic or social barriers.
 - E. Work with the State Health Insurance Assistance Program (SHIP) local grantees, Bureau of Medical Services and other community

organizations to assist beneficiaries with the Medicare Approved Discount Drug Card enrollment through 2005, preventive benefits in 2005, Medicare Part D enrollment beginning in January 2006, and other provisions of the Medicare Prescription Drug, Medicare Improvement and Modernization Act of 2003.

- F. Reorganize the Senior Community Service Employment Program to better meet the goals of the U.S. Department of Labor and to provide enhanced opportunities for older, low-income people in Maine to get better paying jobs.
- G. Collaborate with state and local housing authorities to increase the number of older people who can remain in subsidized housing with the support of tenant service coordinators.
- H. Make needed changes in the long-term care pre-admission screening program based on the findings and recommendations of the ADRC project and the "Challenging Behaviors" study.
- I. Participate in the Acquired Brain Injury Advisory Council of Maine and in federal grant initiatives to promote a comprehensive statewide system of services for people with brain injury.
- J. Explore new options for supported living arrangements for individuals recovering from brain injury.
- K. Coordinate with the Governor's Office of Health Planning and Finance to assure that long-term support services are recognized in the State Health Plan.
- L. Participate in implementation of the Older Refugee grant award activities to link refugee and elder service providers in the Portland and Lewiston area to improve the capacity to serve older refugees and their families.

II. Older persons and disabled adults will stay active and healthy.

- A. Help plan and sponsor the annual Building Alliances for Healthy Aging Conference, which promotes healthy eating and physical activities through partnerships.

- B. Work with the Partnership for Healthy Aging, AARP, Bureau of Health, University of Southern Maine, Cooperative Extension and other organizations on healthy aging initiatives to promote healthy lifestyles and reduce the impact of physical inactivity and poor eating habits.
- C. Increase the number of low-income people age 60 or older who receives nutrition education to promote healthy eating habits and physical activity to improve or maintain health and wellness by using the *Take Charge of Your Health* Curriculum.
- D. Increase the amount of fresh fruits and vegetables eaten by older persons by working with the Department of Agriculture on the Senior FarmShare Program.
- E. Seek out grant opportunities for funding healthy aging initiatives such as *A Matter of Balance* and Lifetime Fitness and promote collaboration on these grant opportunities between area agencies on aging, Healthy Maine Partnerships, AARP and other organizations.
- F. Develop strategies for responding to elderly mental health issues:
- Review the role and function of the Joint Advisory Committee on Select Services to Older Persons in the new Department of Health and Human Services
 - Increase awareness about the extent of depression among older people and develop practical responses for dealing with isolation and loneliness and their impact on overall health and well being;
 - Identify new approaches and resources to respond more effectively to the challenges presented by older people with dementia and mental illness, especially when behavior is difficult to manage, and reduce frequent, costly, and care-disruptive transfers between nursing facilities and hospitals.
- G. Analyze data on suicides committed by those over 60 years old to determine potential trends or common characteristics of those who committed suicide and develop recommendations for programs,

services and education, which might reduce Maine's relatively high elder suicide rate.

- H. Work with the geriatric fellows at the Maine-Dartmouth Family Practice Residency in Augusta to increase their awareness of the needs of elders and disabled adults living in the community and of community programs that contribute to their health and well-being.
- I. Collaborate with other organizations to improve training opportunities and increase wages for direct care workers.

III. Families will be supported in their efforts to care for their loved ones at home and in the community.

- A. Monitor the effect of recent changes in adult day services policies that limit hours of service based on functional need.
- B. More family caregivers will be made aware of the availability of support services through increased statewide publicity. The Family Caregiver Support Program will collaborate with the Alzheimer's Respite and Demonstration Programs, CMS, the Administration on Aging and local organizations to provide education and support to family caregivers.
- C. Increase access to an array of services provided to caregivers for people with Alzheimer's disease in rural Maine through collaboration by the Alzheimer's Disease Demonstration with other components of Maine's home and community based (HBC) long-term care system and Real Choices Systems Change demonstration. The demonstration will increase the number of caregivers receiving caregiver companion services through Maine's HBC system. Together, the Alzheimer's Respite and Demonstration programs will provide targeted mental health and other counseling services to caregivers of home care consumers; refer more consumers with dementia to end-of-life care/hospice services; and reduce the degree of caregiver burden, depression and stress of caregivers whose family member with Alzheimer's is receiving services through Maine's home care system.

- D. Revise rules for the state-funded and MaineCare (Medicaid) home care programs to offer the "Family Provider" option that will allow families to manage home care services.

IV. Older persons and disabled adults will benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

- A. Increase the number of training opportunities to mandatory reporters on recognizing and reporting abuse, neglect and exploitation of incapacitated or dependent adults.
- B. Work with the Office of the Attorney General to assist with investigations of financial exploitation and abuse. Also, improve systems of protecting persons from abuse, neglect and exploitation, including recommendations for modifications of statutes, rules and training of law enforcement.
- C. Enhance service provision to an increasing number of incapacitated adults under Public Guardianship and Conservatorship, through statewide property management, accounting, and other estate management services.
- D. Implement the Maine Adult Protective Services Information System (MAPSIS).
- E. Work with the Adult Protective Service Program for persons with mental retardation to merge the two programs, providing one program serving all incapacitated or dependent adults.
- F. Partner with the Maine Partners for Elder Protection (MePEP) project, to develop an elder abuse health-screening tool used to identify older adults being abused, those who had been abused or may be in substantial risk of abuse and to be administered by physicians in five rural primary care practices.
- G. Continue work with Triads (a partnership of sheriffs, police, AARP, other elder leadership and interested agencies) across the state to provide information and education for older persons to prevent, recognize and report abuse, neglect and exploitation. Expand Triad to all counties.

- H. Work with the Governor's Advisory Council on the Prevention of Domestic and Sexual Violence and the Prosecution of Related Crimes. Identify issues and make recommendations for a community-based response and changes in statutes, court rules and administrative rules related to older adult victims of abuse.
- I. Participate in Maine Death Analysis Review Team (MEDART) to identify systemic changes necessary to protect older or disabled adults.
- J. Work with the Long-term Care Ombudsman Program (LTCOP) to improve consumer access to benefits by exploring the number of consumers who would benefit from the development of LTCOP publications in Braille and audiotape.
- K. Explore ways to coordinate the participation of LTCOP in investigations of allegations in licensed facilities.
- L. Expand the CNA Registry to include other unlicensed assistive personnel.

Funding and Older Americans Act Allocations

Funding Sources

The Bureau of Elder and Adult Services receives federal and state funds in order to accomplish its responsibilities for planning, policy development, coordination and evaluation of activities relating to older people and adults in danger of abuse, neglect or exploitation. Federal and state laws specify for what purposes, and by whom, funds must be used. Listed below are the funds received by the Bureau of Elder and Adult Services and the purposes for which they are provided.

<i>Federal</i>	
Source	Purpose
Older Americans Act:	<i>Title III funds can be awarded only to the area agencies on aging</i>
Title III B	- Access and supportive services such as information and referral, outreach, transportation, and legal assistance
Title III C	- Nutrition programs, both home delivered meals and community dining
Title III D	- Disease prevention and health promotion
Title III E	- National Family Caregiver Support Program
Title V SCSEP	- Senior Community Service Employment Program provides part-time employment for people with low income age 55 and over
Title VII Ombudsman	- Investigation and resolution of complaints about services in nursing and residential care facilities and home and community settings
Title VII Elder Abuse	- Elder abuse prevention
Administration on Aging	- Maine Alzheimer's Project; respite services for caregivers, training and education for caregivers, service providers and physicians, and analysis of how well Maine's long term care system serves people with Alzheimer's and other dementias and their caregivers. - Senior Medicare Patrol Project (Maine Medicare Education Partnership); education of beneficiaries about Medicare waste, fraud and abuse
Nutrition Services Incentive Program	- Supportive funds for nutrition programs for older people
Centers for Medicare and Medicaid Services	Counseling for Medicare beneficiaries about Medicare Modernization Act of 2003, Medicare Supplemental policies, long-term care and other kinds of health insurance through the Maine State Health Insurance Assistance Program (SHIP)
Centers for Medicare and Medicaid Services/AoA	Maine Aging and Disabilities Resource Center Project

Title XIX - MaineCare	Federal share of Bureau of Elder and Adult Services positions that deal with residential care, housing and managing the certificate of need process for long-term care
Title XIX – MaineCare for Assisted Living	Supportive services for residents of assisted living facilities

<i>State</i>	
Source	Purpose
Home Based Care	Assessment, care coordination and in-home services to help people remain in their own homes, for people over 60 and adults with disabilities
Independent Housing with Services	Supportive services for residents of independent housing facilities
Homemaker	Homemaker services such as housekeeping, assistance with chores, grocery shopping, meal preparation and household management
Home Delivered Meals	Additional funds to support home delivered meals
Alzheimer's Respite	Respite services for family caregivers, training and match for Maine's Alzheimer's Project and partial match for Title III E National Family Caregiver Support Program
Adult Day Services	Adult day care services
Adult Protective Services	Supportive services for adult protective clients and individuals for whom the State is the conservator or guardian
Housing Resource Development	Supports the development of specialized facilities and housing resource development for adult services clients and Maine residents, the Certificate of Need process for nursing facilities and monitoring of adult day services programs and assisted living/independent housing
Matching funds for Title XIX	Matches Federal funds for the Bureau of Elder and Adult Services positions that deal with residential care, housing, and managing certificate of need process for long-term care
Volunteer Grants	Supports Foster Grandparent, Senior Companion and Retired and Senior Volunteer Programs
Legal Services for the Elderly (LSE)	Supports legal services for older individuals provided by LSE
Long-Term Care Ombudsman Program (LTCOP)	Investigation and resolution of complaints about services in nursing and residential care facilities and home and community settings

Although not part of the Bureau's budget, working with the Bureau of Medical Services, the State MaineCare agency, additional funds are generated for in-home services for older people and adults with disabilities through Medicaid Waivers and other options available through the Medicaid program. For FY 2004, \$16,128,384 was available for direct services through the waiver for the elderly and adults with disabilities, and \$10,719,776 was available for the

waiver for physically disabled. In addition, a projected \$2,146,082 in Medicaid funds will be generated to pay for assessments and \$3,140,595 for case coordination and monitoring in FY 05.

Allocation of FY 05 Funds – Bureau of Elder and Adult Services

Funding Source

Federal	Total	BEAS Admin	Program Admin	Regional Admin	AAA	LSE	LTCOP	Other
Title III-B	1,751,749	162,325			1,501,837		87,587	
Title III-C	2,899,686	267,370			2,617,916		14,400	
Title III-D	108,508				108,508			
Title III-E	758,715	70,305			688,410			
Title VII-Omb.	70,668						70,668	
Title VII-Elder Abuse	25,578		25,578					
Nutrition Svcs. Incentive Prg.	638,262				638,262			
Social Services Block Grant	415,278				415,278			
Title V; SCSEP	544,328		3,501		144,890			395,937
Health Ins. Counsel.	176,843		20,140		116,245	40,458		
Alzheimer's Demonstration	297,121				139,750			157,371
Title XIX Res Care	105,230		105,230					
Title XIX Assist Living	528,404		528,404					
Senior Medicare Patrol	160,000				95,604	64,396		
Aging & Disability Res. Ctr.	250,000							250,000
TOTAL FEDERAL	8,730,370	500,000	682,853	0	6,466,700	104,854	172,655	803,308
State								
Administration	869,028	657,653			141,375	70,000		
PSSP	425,395				425,395			
Legal Services	134,624					134,624		
Housing Services	67,000		67,000					
Independent Hsg. w/ Svcs.	1,518,548				517,770			1,000,778
Ombudsman	242,465						242,465	
Volunteer Grants	120,000				30,000			90,000
Home Based Care EIM	8,568,755				8,568,755			
HBC Assessment	729,764							729,764
Adult Protective Serv.	5,068,976		269,905	4,643,295	90,776			65,000
Adult Protective HBC	200,000				146,466			53,534
Homemaker	2,372,470							2,372,470
Alzheimer's Respite	767,822				616,458			151,364
Home Del. Meals	200,000				200,000			
Title XIX Res Care Match	105,230		105,230					
Title XIX Assist Living Match	528,404		528,404					
Adult Day Services	386,563							386,563
TOTAL STATE	22,305,044	657,653	970,539	4,643,295	10,736,995	204,624	242,465	4,849,473
TOTAL ALL FUNDS	31,035,414	1,157,653	1,653,392	4,643,295	17,203,695	309,478	415,120	5,652,781

Intrastate Funding Formula for Older Americans Act Funds

The Older Americans Act requires the Bureau of Elder and Adult Services to establish a formula for allocating funds provided by the Act to Maine's five area agencies on aging, to serve people age 60 and over. However, data for people age 60 – 64 are not yet available. The formula that was in place during the previous state plan will remain in effect until this data from the 2000 Census Special Tabulation on Aging are available.

In developing the formula, the Act requires that states give special consideration to three factors: greatest economic need, greatest social need, and minority populations. We must also consider the impact of rurality. In addition to the number of people age sixty and older, these three factors are the only variables that Maine's formula includes. The definitions of those factors are:

Greatest Economic Need means people with incomes at or below poverty level as defined by the Office of Management and Budget (OMB) in Washington. Since the incidence of poverty is higher in certain parts of the state, the formula also takes the geographic distribution into account.

Greatest Social Need includes people requiring assistance with personal care and mobility and non-English speaking people who might have greater difficulty in obtaining services.

Minority means people of American Indian, Alaskan Native, Asian, Pacific Islander, African American, or Hispanic descent. In contrast to the rest of the country, Maine does not have a racially diverse population, as 99.4% of older people in the state are non-hispanic whites. Although there are few older minority people, they tend to have lower incomes and can be more isolated due to language and cultural differences; therefore they are included as a factor in the formula.

In addition, Maine is a largely rural state. Although we have some areas that are more densely populated and there are a few localities that can be considered urban, we have always considered the entire state to be rural and do not use a rurality factor in the formula, because "rurality" is demographically a complex variable that all states have problems defining and applying fairly. However, the Census Bureau and the Administration on Aging have revised the definitions of "urban" and "rural". Consequently, once the census data regarding people

between the ages of 60 to 64 are available, we will also reconsider the issue of rurality in updating the formula and might revise the formula accordingly.

As is the case with minority older people, especially those in greater economic and/or social need, area agencies on aging regularly make special efforts to reach isolated older people who may be in need of services. Outreach efforts used include identifying and reaching persons in these groups through the use of the media, mailing of brochures, newsletters and coordinating efforts with town officials, churches, other agencies, and various minority based clubs and organizations. Presentations to senior clubs, town meetings, various local support groups, fairs, malls, dining centers, and other service providers and organizations are also used.

The methods Maine proposes for carrying out preferences regarding people in the greatest economic and social need involve working closely with the area agencies in the following efforts:

- Establish meal sites in low-income neighborhoods.
- Work with community organizations like the Salvation Army and soup kitchens to identify and serve those in need.
- Publicize widely their ability to help older persons apply for programs such as the tax and rent rebate program and low-income home energy assistance program.
- Work closely with Adult Protective Services to assist older persons in need of protection from abuse, Conservatorship and/or guardianship.
- Establish a nutrition education program to promote the value of good nutrition to older persons eligible for food stamps.
- Target information and assistance with the Medicare Discount Drug Card to older people and people with disabilities who are eligible to receive transitional assistance.
- Produce materials that are written at a literacy level understandable for those with a low level of education.
- Work closely with the state office that determines Medicaid and food stamp eligibility to inform them of the area agency services and coordinate outreach efforts to who are in greatest economic and social need.

As discussed earlier, Maine has few minorities and is mostly rural. The methods used to reach minorities and those residing in rural areas include:

- Locating outreach workers in rural areas as much as possible, including some working out of their homes, to assure familiarity with rural issues and needs.
- Reach out to minority associations and clubs to make members aware of services and to identify any special outreach efforts needed.
- Brochures and posters about services for older persons are available in the 12 languages most commonly spoken by Maine's minority groups.
- Two of Maine's area agencies on aging coordinate regularly with the Native American tribes in their areas.
- Participate in various community diversity efforts.
- Elder service providers in the Portland/Lewiston area will be able to improve capacity to serve older refugees and their families due to a grant recently received from the federal Office of Refugee Resettlement.

Definitions and symbols used in the Intrastate Funding Formula used for allocating Title III Part B and C funds:

Symbol	Definition
B\$	Total dollars available under Title III B for distribution to AAAs
C\$	Total dollars available under Title III C for distribution to AAAs
60+	Total number of people 60 and over in Maine
EN60	Total number of people 60 and over who are in the greatest economic need in Maine
SN60	Number of people 60 and over who are in the greatest social need in Maine
M60	Number of minority people 60 and over in Maine
A:60+	Number of people 60 and over in the AAA's PSA
A:EN60	Number of people 60 and over who are in the greatest economic need in the AAA's PSA
A:SN60	Number of people 60 and over who are in the greatest social need in the AAA's PSA
A:M60	Number of minority people 60 and over in the AAA's PSA
#AAAs	Number of designated AAAs in Maine
*	Multiplied by

An area agency on aging's Title III allocation will be equal to:

$$\frac{(.18*B\$)}{\#AAAs} + \left[\frac{A:60+ + A:M60 + A:SN60 + A:EN60}{60+ + M60 + SN60 + EN60} * (.82*B\$) \right] \text{ Plus}$$

$$\frac{(.18*C\$)}{\#AAAs} + \left[\left(\frac{A:60+ + A:M60 + A:SN60 + A:EN60}{60+ + M60 + SN60 + EN60} \right) * (.82*C\$) \right]$$

The formula allocates Older Americans Act funds to area agencies on aging as follows:

Aroostook Area Agency on Aging	9.859%
Eastern Agency on Aging	20.591%
Senior Spectrum	25.748%
SeniorsPlus	16.600%
Southern Maine Agency on Aging	27.202%

Title III Part D funds, used for health promotional activities, will be allocated to the area agencies on the basis of the proportion of Maine's total Part D target population in the Planning and Service Area's Medically Underserved Areas (MUAs), based upon most recent census data. The target population includes the uninstitutionalized population living in MUAs who are (a) 65 years of age and older with Mobility and Self-Care Limitations; plus, (b) those 60 years of age and older with incomes below poverty (to be updated when age 60 to 64 data are available).

Minimum Required Expenditures from Title III B Funds

The Older Americans Act requires the Bureau of Elder and Adult Services to specify in the State Plan the minimum amount it requires the area agencies on aging to spend from their Title III B Supportive funds on three priority categories of services. For the effective period of this plan, the Bureau of Elder and Adult Services will require each area agency on aging to spend a minimum of 50% of their Title III B funds on access services (such as transportation, outreach, information and referral), 5% on in-home services, and 10% on legal services.

Public Hearings and Comments

The Bureau of Elder and Adult Services held two hearings, in Augusta on September 27th and in Bangor on September 28th. A public hearing notice was published in the newspapers in Augusta, Bangor and Portland, and on the BEAS web site. The State Plan could be downloaded from the BEAS Website and copies of the proposed plan were sent to the Area Agencies on Aging, Maine Advisory Council on Elder Affairs, Long-term Care Ombudsman Program, Legal Services for the Elderly, Joint Advisory Committee on Select Services for Older Persons.

Questions and Comments

Standard Assurances for 2004-2008 State Plan

Federal law requires that the Bureau of Elder and Adult Services (BEAS) meet certain minimal conditions in order to receive Federal funds. One condition is to assure in our State Plan that certain requirements will be met. In compliance with these requirements, and in good faith, the Bureau of Elder and Adult Services assures that it will comply with the following conditions of the Older Americans Act of 1965. Maine meets each of the requirements of 45 CFR Parts 1321.5 through 1321.75.

Sec. 305(a)- (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to

carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

(4)(A)(ii) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will--

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English-speaking ability; and

(VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular

employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Sec. 307(a), STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Attachment B - State Plan Provisions & Information Requirements

As required by the Administration on Aging, the following is an explanation of how the factors and assurances listed below are met.

Section 1. State Plan Information Requirements

102(19)(G) Section 307(a)(8)(A)(I –iii) requires that the State Agency stipulate the minimum amount of IIIB funds the area agencies on aging must spend on access, legal and in-home. As discussed on page 33, we require the area agencies to spend at least 5% of their III B funds on in-home services. Because of Maine's extensive state and Medicaid supported home care services, the only in-home services, as defined in the Act, provided by the area agencies with any Older Americans Act funds are visiting/telephone reassurance and chore maintenance, which are not readily available from other providers.

Section 305(a)(2)(E) Pages 30 - 32 address this requirement.

Section 307(a)(2)(C) Is discussed on page 34

Section 307(a)(3)(A) Is discussed on pages 33 and 34.

Section 307(a)(3)(B)(i – iii) The current formula considers the whole state of Maine as rural and all Title III funds are distributed based accordingly. As soon as the US Census has information about those age 60 – 64 available by county, Maine will revise the intrastate funding formula now in use. At that time, Maine will incorporate the AoA definition of rurality into the formula. The state is estimated to be 60% rural and 40% urban, so AoA funds will be distributed to the area agencies on that basis. In state fiscal year 2000, the amount expended from Older Americans Act funds was \$4,554,068. The amount expended in sfy 2005 is \$5,727,588. The State of Maine assures that not less than the amount expended for sfy 2000 will be expended, assuming the amount received from AoA is not less than the amount provided in 2000. We assume that the projected costs for each year of the state plan will be the same given that federal funds will be flat funded. Any increases will be used to support additional services. The state of Maine is currently projecting a deficit of over \$700 million in the biennium beginning July 2005. If the federal funds allow and depending on available state resources, every effort will be made to meet the service needs for each year of the plan.

Section 307(a)(8)

(B) The area agencies are not using Older Americans Act funds to provide case management services. The BEAS is purchasing case management/case coordination services using state funds and two Medicaid Waiver.

(C) We require all area agencies to directly provide information and assistance services and outreach.

Section 307(a)(10) See pages 31 and 32.

Section 307(a)(15)

(A) According to the 2000 Census, the most current data available, 1.056% or 1,937 people age 65 and over are minority in Maine. Nationwide, the average is 16.4%. According to the 2002 AARP Across the States: Profiles of Long-Term Care 2002, 1.5% are minority.

(B) In addition to the small number of minorities, they also tend to be concentrated only in certain parts of the state, facilitating outreach efforts. Methods used to satisfy the services needs include reaching out to minority associations and clubs to make members aware of services and to identify any special outreach efforts needed; producing and distributing brochures and posters about services for older persons available in the 12 languages most commonly spoken by Maine's minority groups; and participation in various community diversity efforts.

Section 307(a)(21)(B) The BEAS assures it will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under Title III. Two of Maine's area agencies coordinate regularly with the Native American tribes in their areas.

Section 705(a)(7)

(a)(1 - 6) BEAS assures the following:

(1) The state will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The state will hold public hearings on the proposed state plan and on policy changes. BEAS also meets monthly with the Aging Network (AAAs, Ombudsman, and Legal Services for the Elderly) and quarterly with the Maine Advisory Council on Elder Affairs. Input is also obtained from a joint advisory committee on mental health and aging and a home care quality assurance review committee. Information regarding policies and budget changes are posted regularly on the BEAS web page.

(3) The state will identify and prioritize statewide activities aimed at ensuring that older individuals have access to and assistance in securing and maintaining benefits and rights. Some of the activities undertaken to ensure this are benefits outreach campaigns undertaken with AARP, outreach activities to inform and assist older persons with the Medicare discount drug card, and coordination with local TRIAD groups to strengthen the relationship between older persons and local law enforcement agencies.

(4) No funds made available under this subtitle will supplant any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The state will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6)(A)(i – (iv) Adult Protective Services is a unit of service located in the BEAS and as such conducts activities for public education to identify and prevent elder abuse; receives reports of elder abuse; active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and refers complaints to law enforcement if appropriate.

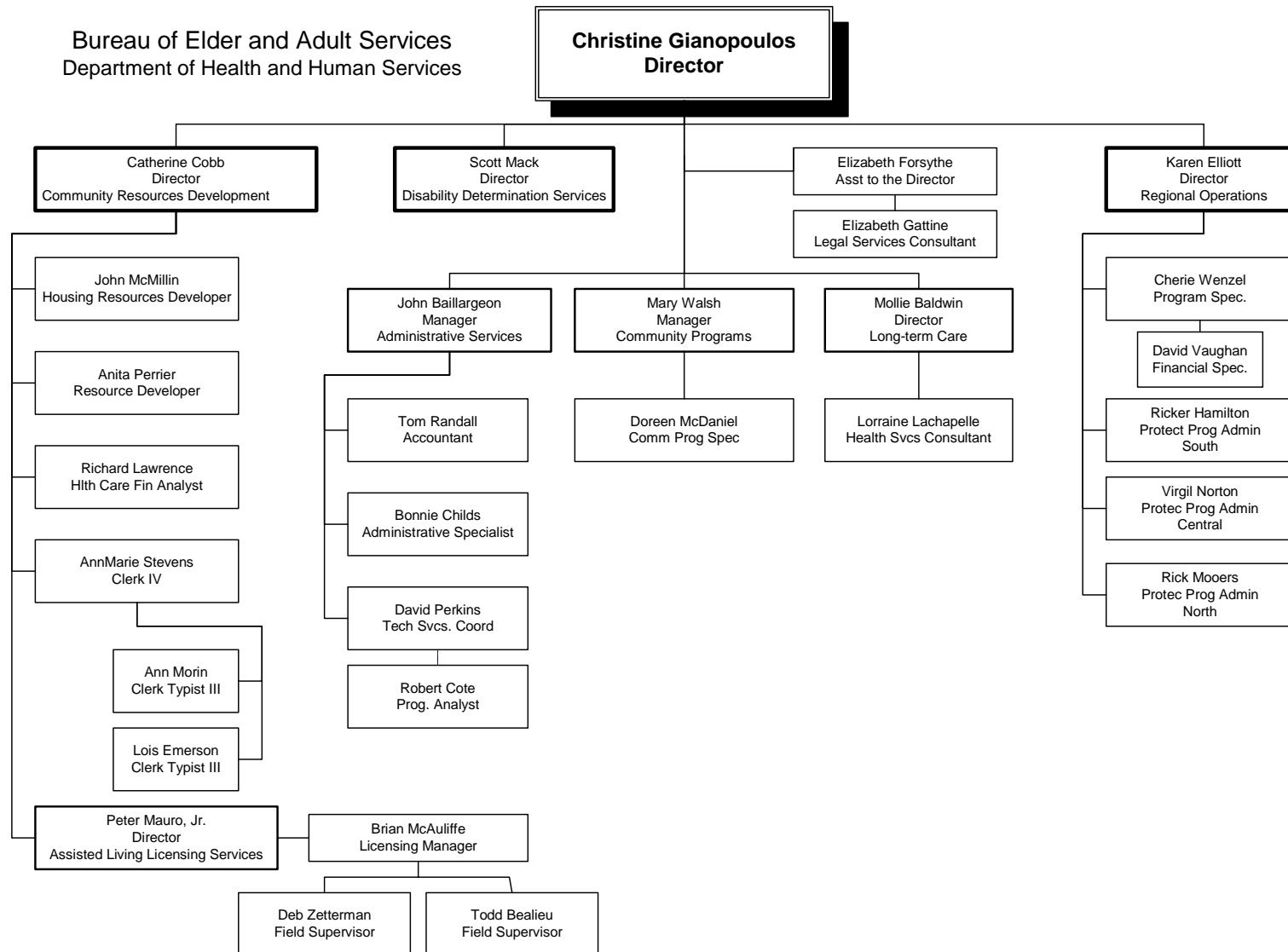
(B) Involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households is not permitted.

(C)(i – iii) All information gathered in the course of receiving reports and making referrals remains confidential except if all parties to such complaint consent in writing to the release of such information; if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program or protection or advocacy system or upon court order.

DHHS Non-Discrimination Notice

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age, or national origin, in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to the DHHS ADA Compliance/EEO Coordinators, #11 State House Station, Augusta, Maine 04333, 207-287-4289 (V), 207-287-2000 (TTY) or 207-287-3488 (V), 207-287-4479 (TTY). Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to one of the ADA Compliance/EEO Coordinators. This notice is available in alternate formats, upon request.

Bureau of Elder and Adult Services
Department of Health and Human Services



BEAS 8/03